

## Claim for Reimbursement and/or Accounting for Advance from the Administrator's Fund (Submit in triplicate)

				(00	ionne in arpheate,						
TO:					FROM:						
NASA HEADQUARTERS Finance Office					INSTALLATION						
		: Administrato	r's (	Office	NAME OF REQUESTING OFFICIAL	OFFICE CODE	TELEPHONE NO.				
WAS		PROVAL FOR US		BTAINED? NO	IF YES, STATE APPROVAL DATE & NUMBER			If "No," or amount absent exceeds approved amount by more than			
WAS		OF FUNDS REC		ED? NO	IF YES, STATE AMOUNT	10%, NASA Form 1081 must be completed and accompany this form.					
					AMOUNTS (Attach receipts or vendor						
	DES	SCRIPTION OF	ITE	MS AND NAME	OF VENDORS OR PAYEES	Convert to U	Convert to U.S. dollar equivalents, claims currency, including vendor's inv				
						COST		AMOUNT CLAIMED			
IANT											
BY CLAIMANT											
DВΥ											
PAID	TOTAL										
LESS AMOUNT ADVANCED											
	BALAN	CE DUE		ADMINISTRAT	FOR'S FUND (Attach check) ee below)		<b>—</b>				
ΑD											
UNPAID											
	AGGREGATE (All disbursements are the personal responsibility of the requestor until final review and approval in accordance with NMI 9050.4.)										
	REIMBU	RSE IN			MAKE PAYMENT TO						
	U.S. DLLARS	FOREIGN CURRENCY			AMOUNT						
					vices represented by the attac e by me as indicated or is due		s and vendor	's invoices have been			
SIGI	NATURE (	DATE									
APPROVAL SIGNATURE OF APPROVING C					FICIAL	DATE		SCHEDULE NO.			



## Claim for Reimbursement and/or Accounting for Advance from the Administrator's Fund

(Submit in triplicate)

			1	,						
TO:				FROM:						
NASA HEADQUARTERS Finance Office				INSTALLATION						
		: Administrato	r's Office	NAME OF REQUESTING OFFICIA	OFFICE CODE	TELEPHONE NO.				
WAS		PROVAL FOR US	E OBTAINED?	IF YES, STATE APPROVAL DATE	If "No," or amount absent exceeds approved amount by more than					
WAS		OF FUNDS REC	EIVED?	IF YES, STATE AMOUNT	IF YES, STATE AMOUNT					
				AMOUNTS (Attach receipts or vene	dor's invoices)	form.				
	DES	SCRIPTION OF	ITEMS AND NA	ME OF VENDORS OR PAYEES	Convert to U	U.S. dollar equival urrency, including	ents, claims stated in foreign vendor's invoices.			
					C	COST	AMOUNT CLAIMED			
PAID BY CLAIMANT										
CLAI										
ID BY		TOTAL -								
Α										
			· · · · · · · · · · · · · · · · · · ·		S AMOUNT ADVA	ANCED				
	BALANCE DUE			ATOR'S FUND (Attach check) (See below)						
AD.										
UNPAID										
						TOTAL				
	AGGRE0 approval									
	REIMBU	IRSE IN		MAKE PAYMENT TO						
	U.S. DLLARS	FOREIGN CURRENCY		(Name and address of vendors a	AMOUNT					
				ervices represented by the atta de by me as indicated or is do		s and vendor	's invoices have been			
SIGI	NATURE (	OF REQUESTIN	IG OFFICIAL				DATE			
API	PROVAL	SIGNATURE C	OF APPROVING	OFFICIAL	DATE		SCHEDULE NO.			



## Claim for Reimbursement and/or Accounting for Advance from the Administrator's Fund

(Submit in triplicate)

то:					FROM:					
					INSTALLATION					
	NAS	A HEADQUAR	TER	S	INGTALLATION					
	Fina	nce Office								
		: Administrato	r's (	Office	NAME OF REQUESTING (	DEFICIAL	∩FI	FICE CODE	TELEPHONE NO.	
			-		INAME OF REQUESTING OFFICIAL			.52 0001	TEEL HONE NO.	
WAS	PRIOR AP	PROVAL FOR US	SE O	RTAINED?	IF YES, STATE APPROVA	I DATE & NI	JMBFR -			
		'ES	_	NO	TES, STATE AFFROVAL DATE & NOWIBER			If "No," or amount absent exceed approved amount by more than		
		LO	Ш	INO						
WAS	ADVANCE	OF FUNDS REC	EIVE	D?	IF YES, STATE AMOUNT			10%, NASA Form 1081 must be completed and accompany this		
		ES		NO	11 120, 01/112/11/100111			form.		
	<u> </u>	LO	<u>ш</u>	110				101111	•	
					AMOUNTS (Attach receipts	or vendor's	invoices)			
							Convert to IIC de	llar aguista	lents, claims stated in foreign	
	DEG	COUDTION OF	ITE	MC AND NAM	E OF VENDORS OR PAYEE	CONVENTIO U.S. UC	niai equiva	g vendor's invoices.		
	DE	CKIP HON OF	111	INIS AND INAIN	E OF VENDORS OR PATEE	3	currenc	y, iriciualing	veriuor s irrvoices.	
						COST		AMOUNT CLAIMED		
_										
A										
Σ										
Α-										
BY CLAIMANT										
3₹										
) E										
PAID										
Ρ,	TOTAL									
	LESS AMOUNT ADVANCED									
	DALAN	OF DUE		<b>ADMINISTRA</b>	TOR'S FUND (Attach check	)				
	BALANCE DUE CLAIMANT (S				See helow)					
			1 1	OLAIMAN [	see below)					
9										
ΡA										
UNPAID										
_										
							ТОТА			
							IOIA			
	ACCDE	PATE (All dish)	ırcar	ments are the	personal responsibility of the r	equestor unti	il final review and			
	AGGREGATE (All disbursements are the personal responsibility of the requestor until final review and approval in accordance with NMI 9050.4.)									
	• •	,								
REIMBURSE IN					MAKE DAYMENT TO					
	U.S. FOREIGN				MAKE PAYMENT TO (Name and address of vendors and claimant)				AMOUNT	
	LLARS	CURRENCY			(Name and address of ve	iluuls allu ci	airriarit)			
50		30.11CH01	-							
						·				
			L							
I CERTIFY that the goods and/or services represented by the attached receipts and vendor's invoices have been										
								received and payment has been made by me as indicated or is due.		
payment as a second of the way										
SIGNATURE OF REQUESTING OFFICIAL				DEFICIAL					DATE	
الحات	*/\   O \ _ (	J. NEQUESTII	٠٠ ر	J. I IOIAL						
		SIGNATURE (	OF A	PPROVING O	FFICIAL		DATE		SCHEDULE NO.	
APPROVAL										